

CLAIMS ONLY

SERIAL NO. *100571161* FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/	/				
7	/					
8	/					
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14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	✓	/				
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	✓	/				
32	/					
33	✓	/				
34	/					
35	/					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	38					
TOTAL CLAIMS	40					

*			*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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57					
58					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS